

<p>MODULE</p> <p>B</p>	<p><i>This module is directed toward individuals, such as pharmacists or pharmacy technicians, who prepare or mix Antineoplastic Agents. Other terms used for antineoplastic agents include chemo-therapeutic drugs, cytotoxic drugs, and anti-cancer drugs.</i></p>
--------------------------------------	---

1. During your career (including all jobs at this and other facilities), how long have you been preparing antineoplastic agents?

☐ Less than 6 months
☐ At least 6 months but less than a year
☐ 1-5 years
☐ 6-10 years
☐ 11-20 years
☐ More than 20 years

2. When have you received formal training at this facility on procedures for the safe handling of antineoplastic agents?
Please ✓ all that apply.

☐ During orientation for your current job or task
☐ Once, but not at orientation
☐ Periodically, but less than once per year
☐ At least annually (i.e., one or more times every year)
☐ Other (Please specify): _____
☐ Never received training at this facility

3. Have you received any certification for handling antineoplastic agents?
Please ✓ all that apply.

☐ Yes, by employer
☐ Yes, a "CPHT" by the Pharmacy Technician Certification Board
☐ Yes, by another professional society
☐ Yes, by a training provider, other than employer
☐ Yes, by other (Please specify): _____

☐ No

4. Have you seen a copy of the OSHA guidelines for handling hazardous drugs at this facility?

☐ Yes
☐ No

5. Have you seen written policies or standard procedures at this facility for working with antineoplastic agents?

☐ Yes
☐ No

6. Do you ever wear or take home any clothing (protective clothing or street clothes) which were worn when handling antineoplastic agents at this facility?

- ☐ Yes
☐ No

7. At any time in the **past 7 calendar days** did you prepare or mix antineoplastic agents in a pharmacy or pharmacy-like setting?

- ☐ Yes
☐ No



Skip to Question 35

8. During the past 7 calendar days, which of the following antineoplastic agents did you prepare?
Please ✓ all that apply.

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Aldesleukin | <input type="checkbox"/> Docetaxel | <input type="checkbox"/> Melphalan |
| <input type="checkbox"/> Alemtuzumab | <input type="checkbox"/> Doxorubicin | <input type="checkbox"/> Methotrexate |
| <input type="checkbox"/> Alitretinoin | <input type="checkbox"/> Epirubicin | <input type="checkbox"/> Mitomycin-C |
| <input type="checkbox"/> Altretamine | <input type="checkbox"/> Estramustine | <input type="checkbox"/> Mitotane |
| <input type="checkbox"/> Aminoglutethimide | <input type="checkbox"/> Etoposide | <input type="checkbox"/> Mitoxantrone |
| <input type="checkbox"/> Amifostine | <input type="checkbox"/> Exemestane | <input type="checkbox"/> Nilutamide |
| <input type="checkbox"/> Anastrozole | <input type="checkbox"/> Floxuridine | <input type="checkbox"/> Oxaliplatin |
| <input type="checkbox"/> Arsenic trioxide | <input type="checkbox"/> Fludarabine | <input type="checkbox"/> Paclitaxel |
| <input type="checkbox"/> Asparaginase-E. coli strain | <input type="checkbox"/> Flutamide | <input type="checkbox"/> Pegaspargase |
| <input type="checkbox"/> BCG live | <input type="checkbox"/> Fluorouracil | <input type="checkbox"/> Pentostatin |
| <input type="checkbox"/> Bexarotene | <input type="checkbox"/> Gemcitabine | <input type="checkbox"/> Plicamycin |
| <input type="checkbox"/> Bicalutamide | <input type="checkbox"/> Gemtuzumab ozogamicin | <input type="checkbox"/> Procarbazine |
| <input type="checkbox"/> Bleomycin | <input type="checkbox"/> Goserelin | <input type="checkbox"/> Rituximab |
| <input type="checkbox"/> Busulfan | <input type="checkbox"/> Hydroxyurea | <input type="checkbox"/> Streptozocin |
| <input type="checkbox"/> Capecitabine | <input type="checkbox"/> Idarubicin | <input type="checkbox"/> Tamoxifen |
| <input type="checkbox"/> Carboplatin | <input type="checkbox"/> Ifosfamide | <input type="checkbox"/> Temozolomide |
| <input type="checkbox"/> Carmustine | <input type="checkbox"/> Imatinib mesylate | <input type="checkbox"/> Teniposide |
| <input type="checkbox"/> Cetuximab | <input type="checkbox"/> Interferon Alfa-2a | <input type="checkbox"/> Thioguanine |
| <input type="checkbox"/> Cisplatin | <input type="checkbox"/> Interferon Alfa-2b | <input type="checkbox"/> Thiotepa |
| <input type="checkbox"/> Chlorambucil | <input type="checkbox"/> Irinotecan | <input type="checkbox"/> Topotecan |
| <input type="checkbox"/> Cladribine | <input type="checkbox"/> Letrozole | <input type="checkbox"/> Toremifene |
| <input type="checkbox"/> Cyclophosphamide | <input type="checkbox"/> Leuprolide | <input type="checkbox"/> Trastuzumab |
| <input type="checkbox"/> Cytarabine | <input type="checkbox"/> Lomustine | <input type="checkbox"/> Tretinoin |
| <input type="checkbox"/> Dacarbazine | <input type="checkbox"/> Megestrol | <input type="checkbox"/> Valrubicin |
| <input type="checkbox"/> Daunorubicin | <input type="checkbox"/> Mercaptopurine | <input type="checkbox"/> Vinblastine |
| <input type="checkbox"/> Dactinomycin | <input type="checkbox"/> Merchlorethamine | <input type="checkbox"/> Vincristine |
| <input type="checkbox"/> Denileukin diftitox | | <input type="checkbox"/> Vincorelbine |

☐ Other (Please specify up to 2 more antineoplastic agents):

1. _____

2. _____

9. During the past 7 calendar days, how many days did you prepare or mix antineoplastic agents? Number of days.....
(Please write a number from 1-7)
10. During the past 7 calendar days, what was the total number of dosages of antineoplastic agents you prepared? ☐ 1-5 dosages
☐ 6-10 dosages
☐ 11-20 dosages
☐ 21-40 dosages
☐ More than 40 dosages
11. How does the number of dosages of antineoplastic agents you prepared during the past 7 calendar days compare with most weeks? ☐ Past 7 days were about normal
☐ Past 7 days were less than normal
☐ Past days were greater than normal
12. During the past 7 calendar days, in which of the following areas of this facility did you **ever** prepare antineoplastic agents? **Please ✓ all that apply.** ☐ a. Main inpatient pharmacy
☐ b. Secondary inpatient pharmacy
☐ c. Outpatient pharmacy
☐ d. Treatment room
☐ e. Private physician's office
☐ f. Some other location (Please specify):

- 12A. From the location(s) checked above, please write the **letter** (a, b, c, etc.) corresponding to the area where you most often prepared antineoplastic agents during the past 7 days. Area most often prepared
13. During the past 7 calendar days, how often did you prepare antineoplastic agents in...
- | | Always | Sometimes | Never | Don't Know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. A separate room dedicated to the preparation of only antineoplastic agents?. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Close proximity (~5 ft) to where food/drinks are consumed by you or any other employees? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. An operating ventilated cabinet dedicated to the preparation of antineoplastic agents? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. During the past 7 calendar days, how often did you prime IV tubing either with antineoplastic drugs or with diluent (i.e. a liquid other than the antineoplastic agent)?

☐ Always
☐ Sometimes
☐ Never

Skip to Question 17.

15. During the past 7 calendar days, how often did you prime the IV tubing inside an operating ventilated cabinet?

☐ Always
☐ Sometimes
☐ Never

16. During the past 7 calendar days, how often did you prime the IV tubing with diluent?

☐ Always
☐ Sometimes
☐ Never

17. During the past 7 calendar days when **preparing** antineoplastic agents, how often did you use a...

	Always	Sometimes	Never	Don't Know
a. System with Luer-lock (or other similar type) fittings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Needle-less system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Closed-system technology (e.g., PhaSeal [®]) when transferring drugs from vials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Plastic-backed absorbent pad under the open drug vials and other preparation materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. During the past 7 calendar days, how many times did you puncture your skin with a sharp while **preparing** antineoplastic agents?

☐ None
☐ One time
☐ 2-3 times
☐ 4-5 times
☐ more than 5 times

19. During the past 7 calendar days when **packaging** antineoplastic agents for delivery to the area(s) where they are administered, how often did you...

	Always	Sometimes	Never
a. Package antineoplastic agent dosages in sealed bags?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Attach a "hazardous" warning label to packages of antineoplastic agents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Store prepared antineoplastic agents in a designated area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. During the past 7 calendar days, how many spills (even a drop or two) occurred outside of a ventilated cabinet while you were **preparing** antineoplastic drugs?


	No spills	1-2 spills	3-5 spills	More than 5
a. Spills less than 5ml	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Spills more than 5ml.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. During the past 7 calendar days, did any of the following areas of your skin come into direct contact with antineoplastic agents (i.e., became wet) while **preparing** them?

	Yes	No
a. Face	<input type="checkbox"/>	<input type="checkbox"/>
b. Neck	<input type="checkbox"/>	<input type="checkbox"/>
c. Hands	<input type="checkbox"/>	<input type="checkbox"/>
d. Wrist or forearm	<input type="checkbox"/>	<input type="checkbox"/>
e. Torso, legs or feet	<input type="checkbox"/>	<input type="checkbox"/>

The following questions pertain to the use of personal protective equipment (PPE) during the preparation of antineoplastic agents.

22. During the past 7 calendar days, did you wear a **water resistant gown or outer garment with closed front and tight cuffs** while preparing antineoplastic agents?

☐ Always  **Skip to Question 24.**
☐ Sometimes
☐ Never

23. What were the reason(s) you did not always wear a **water resistant gown or outer garment with closed front and tight cuffs** while preparing antineoplastic agents? Please ✓ all that apply.

- ☐ 1. Potential for exposure to antineoplastic agents is insignificant
- ☐ 2. Exposure to antineoplastic agents is possible but the health hazard is insignificant
- ☐ 3. Not required by employer
- ☐ 4. Not provided by employer
- ☐ 5. Not standard practice
- ☐ 6. Too uncomfortable or difficult to use
- ☐ 7. Not readily or always available in work area
- ☐ 8. Cross contamination to other areas is not a concern
- ☐ 9. Other (Please specify):

23A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** you did not wear a **water resistant gown or outer garment with closed front and tight cuffs** while preparing antineoplastic agents.

Most important reason

24. During the past week, did you wear **latex or chemo gloves** while preparing antineoplastic agents?

- ☐ Always
- ☐ Sometimes
- ☐ Never



Skip to Question 26.

25. What were the reason(s) you did not always wear **latex or chemo gloves** while preparing antineoplastic agents?
Please ✓ all that apply.

- ☐ 1. Potential for exposure to antineoplastic agents is insignificant
- ☐ 2. Exposure to antineoplastic agents is possible but the health hazard is insignificant
- ☐ 3. Not required by employer
- ☐ 4. Not provided by employer
- ☐ 5. Not standard practice
- ☐ 6. Too uncomfortable or difficult to use
- ☐ 7. Not readily or always available in work area
- ☐ 8. Cross contamination to other areas is not a concern
- ☐ 9. Other (Please specify): _____

25A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** you did not wear **latex or chemo gloves** while preparing antineoplastic agents.

Most important reason ☐



During the past 7 calendar days if you NEVER wore latex or chemo gloves when preparing antineoplastic agents, skip to question 28.

26. During the past 7 calendar days, did you perform any of the following activities while wearing **latex or chemo gloves** that had been used to prepare antineoplastic agents?

	Yes	No
a. Answer the phone	<input type="checkbox"/>	<input type="checkbox"/>
b. Use a keyboard or calculator	<input type="checkbox"/>	<input type="checkbox"/>
c. Handle files or record cards	<input type="checkbox"/>	<input type="checkbox"/>
d. Eat or drink.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Smoke	<input type="checkbox"/>	<input type="checkbox"/>

27. During the past 7 calendar days, did you **ever** reuse **latex or chemo gloves** while preparing antineoplastic agents (reuse means remove and later put on the same gloves)?

- ☐ Yes
☐ No

28. During the past 7 calendar days, did you wear **eye protection** (*safety glasses, goggles, face shield*) while preparing antineoplastic agents?

- ☐ Always
☐ Sometimes
☐ Never

Skip to Question 30.

29. What were the reason(s) you did not always wear **eye protection** while preparing antineoplastic agents?
Please ✓ all that apply.

- ☐ 1. Potential for exposure to antineoplastic agents is insignificant
☐ 2. Exposure to antineoplastic agents is possible but the health hazard is insignificant
☐ 3. An engineering control (e.g., exhaust ventilation or an enclosure) is already being used
☐ 4. Not required by employer
☐ 5. Not provided by employer
☐ 6. Not standard practice
☐ 7. Too uncomfortable or difficult to use
☐ 8. Not readily or always available in work area
☐ 9. Other (Please specify):

29A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** you did not wear **eye protection** while preparing antineoplastic agents.

Most important reason

30. During the past 7 calendar days, did you wear **respiratory protection**, not including a surgical mask, while preparing antineoplastic agents?

- ☐ Always
☐ Sometimes
☐ Never

Skip to Question 32.

31. What type(s) of respirator(s) did you use?
Please ✓ all that apply.

- ☐ Disposable particulate respirator (also called filtering face-piece respirator, e.g., N95)
☐ Half mask or full-face piece respirator with replaceable filters or cartridges
☐ Powered air-purifying respirator (PAPR)
☐ Don't know



During the past 7 calendar days if you ALWAYS wore respiratory protection, not including a surgical mask, while preparing antineoplastic agents, skip to Question 33.

32. What were the reason(s) you did not always wear **respiratory protection**, not including a surgical mask, while preparing antineoplastic agents?
Please ✓ all that apply.

- ☐ 1. Potential for exposure to antineoplastic agents is insignificant
☐ 2. Exposure to antineoplastic agents is possible but the health hazard is insignificant
☐ 3. An engineering control (e.g., exhaust ventilation or an enclosure) is already being used
☐ 4. Not required by employer
☐ 5. Not provided by employer
☐ 6. Not standard practice
☐ 7. Too uncomfortable or difficult to use
☐ 8. Not readily or always available in work area
☐ 9. Other (Please specify):

32A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** you did not wear **respiratory protection** while preparing antineoplastic agents.

Most important reason

33. During the past 7 calendar days, did you wear **booties** while preparing antineoplastic agents?

- ☐ Always
☐ Sometimes
☐ Never



Skip to Question 35.

34. What are the reason(s) you did not always wear **booties** while preparing antineoplastic agents? **Please ✓ all that apply.**

- ☐ 1. Potential for exposure to antineoplastic agents is insignificant
☐ 2. Exposure to antineoplastic agents is possible but the health hazard is insignificant
☐ 3. Not required by employer
☐ 4. Not provided by employer
☐ 5. Not standard practice
☐ 6. Too uncomfortable or difficult to use
☐ 7. Not readily or always available in work area
☐ 8. Cross contamination to other areas is not a concern
☐ 9. Other (Please specify): _____

34A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** you did not always wear **booties** while preparing antineoplastic agents.

Most important reason ☐

**You have now completed this module.
 Thank you.**